

12-03-01

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Attorney Docket No.	HE0170
First Named Inventor:	Fleenor et al.
Title:	FIBER OPTIC COMPONENT MARKING WITH FIBER OPTIC INDICIA
Express Mail Label No.	EL746508345US



**ADDRESS TO:**  
Box Patent Application  
US Patent and Trademark Office  
PO Box 2327  
Arlington, VA 22202

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Copy (CRF)
- Descriptive title of the invention	b. <input type="checkbox"/> Specification Sequence Listing on:
- Cross References to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
- Statement Regarding Fed sponsored R&D	ii. <input type="checkbox"/> paper
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statement verifying identity of above copies
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets: 7]	
5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages: 2]	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document (if applicable)
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
	13. <input type="checkbox"/> Preliminary Amendment
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input type="checkbox"/> Other:

## ACCOMPANYING APPLICATION PARTS

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: /
Prior application information:			Examiner: /
Group/Art Unit: /			

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS



21495

PATENT TRADEMARK OFFICE

Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197
Signature			Date
			November 30, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL

## for FY 2002

Patent fees are subject to annual revision.

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Fleenor et al.
Examiner's Name	
Group / Art Unit	
Attorney Docket No.	HE0170

TOTAL AMOUNT OF PAYMENT \$998.00

METHOD OF PAYMENT (check one)

FEE CALCULATION (continued)

1.  The Commission is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account No. 19-2167

Deposit Account Name Corning Cable Systems LLC

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check  Credit Card  Money Order  Other

## 3. ADDITIONAL FEES

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee	Small Fee Code	Entity Fee	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	740.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1):					\$740.00

## 2. EXTRA CLAIM FEES

Total Claims	25	-	20**	= 5	X 18.00	= 90.00
Independent Claims	5	-	3**	= 2	X 84.00	= 168.00
Multiple Dependent						=

\*\*or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee	Small Fee Code	Entity Fee	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2):				

Large Fee Code	Entity Fee	Small Fee Code	Entity Fee	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2):				

Other fee (specify):

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3):

## SUBMITTED BY:

Name (Print/Type)	Signature	Registration No. (Attorney/Agent)	Date	Telephone:	(828) 901-5242
Bambi F. Walters	<i>Bambi F. Walters</i>	45,197	11/30/01	Deposit Account User ID	

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